



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Gender and Mental Health

Perceptions of Mental Health Professionals in India

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Abstract: This study explores how mental health professionals in India perceive the influence of gender on mental health concerns and therapeutic practice. Recognising gender as a significant social determinant of psychological experiences, the study examines how therapists interpret and engage with gender-related factors within clinical settings.

A quantitative, cross-sectional design was employed using a structured online questionnaire administered to 28 mental health professionals, including psychologists, counsellors, and psychotherapists. The instrument assessed perceptions of gender differences in mental health, help-seeking behaviour, and therapeutic practice using Likert-scale items. Data were analysed using descriptive statistics.

The findings indicate that mental health professionals widely recognise the role of gender in shaping psychological distress, coping styles, and help-seeking patterns. Participants also demonstrated strong awareness of the mental health challenges faced by gender-diverse individuals and broadly endorsed the importance of gender-sensitive approaches in therapeutic outcomes. However, variability was observed in the extent to which gender is consistently integrated into therapeutic practice, particularly in relation to professional training and preparedness.

The study suggests that while awareness of gendered dimensions of mental health is evident, their systematic integration into therapeutic practice remains uneven, highlighting the need for more structured engagement with gender within professional training and clinical frameworks.

Index Terms - Gender; Mental health; Help-seeking behaviour; Gender-sensitive practice; Mental health professionals; India; Gender diversity

I. INTRODUCTION

1.1 Gender and Mental Health

Mental health is widely recognised as a critical component of overall well-being, yet psychological experiences are shaped by an interaction of biological, psychological, and social factors. Among these influences, gender plays a significant role. Contemporary scholarship conceptualises gender not only as a biological category but as a socio-cultural construct that shapes expectations, roles, and power relations within society. These gendered norms influence how individuals experience emotional distress, express vulnerability, and engage with systems of care.

Global research consistently demonstrates gendered patterns in mental health. Women tend to report higher prevalence of internalising disorders such as depression and anxiety, while men show higher rates of externalising behaviours and suicide mortality (World Health Organisation, 2022). Gender norms also influence help-seeking behaviour, with women generally more likely to access psychological support, while men often face social pressures toward emotional restraint and self-reliance, contributing to delayed help-seeking (Addis & Mahalik, 2003).

Expanding understandings of gender further highlight the importance of social context. Individuals who identify outside binary gender categories often experience elevated levels of psychological distress associated with stigma, discrimination, and social exclusion. Minority stress theory suggests that chronic exposure to such stressors significantly impacts mental health outcomes among gender-diverse populations (Meyer, 2003). These patterns emphasise the need to examine mental health within broader frameworks of social determinants.

1.2 Gendered Mental Health in India

In India, gendered mental health experiences are shaped by deeply embedded social structures, including family systems, cultural expectations, and socio-economic conditions. Norms surrounding masculinity and femininity influence emotional expression, caregiving roles, and access to support. Women often bear disproportionate responsibility for caregiving and emotional labour, contributing to increased psychological strain, while men may experience pressure to conform to ideals of strength and economic provision, discouraging help-seeking.

Gender-diverse individuals frequently encounter stigma and marginalisation, further compounding mental health challenges. These experiences are also shaped by intersections with caste, class, and geographic location, which influence access to mental health services and exposure to structural inequalities (Patel et al., 2018). Despite increasing awareness, access to gender-sensitive mental health care remains uneven, particularly outside urban contexts.

1.3 Role of Mental Health Professionals

Mental health professionals occupy a critical position in recognising and responding to gendered dimensions of psychological distress. Therapeutic spaces often function as sites where individuals articulate experiences shaped by social and cultural norms. However, therapy is not a neutral process; it involves interpretation and meaning-making shaped by both client and therapist.

Therapists' perspectives, informed by their training, cultural context, and personal beliefs, influence how psychological distress is understood and addressed. Frameworks such as multicultural competence highlight the importance of recognising social identities and power structures within therapeutic work (Sue et al., 2001). At the same time, gender-sensitive and gender-affirmative approaches emphasise the need to situate psychological experiences within broader social contexts.

1.4 Need for the Study and Research Problem

Despite growing recognition of gender as a key determinant of mental health, its integration into therapeutic practice remains uneven. While existing research has documented gender differences in mental health outcomes and the role of social determinants, relatively limited attention has been given to how mental health professionals perceive and interpret these dynamics within clinical settings.

This gap is particularly relevant in the Indian context, where mental health services are expanding but structured engagement with gender-sensitive frameworks within training and practice remains inconsistent. Understanding therapists' perspectives is therefore essential for examining how gendered experiences are recognised, interpreted, and addressed within therapeutic practice.

1.5 Research Question and Objectives

The present study seeks to examine how mental health professionals in India perceive the influence of gender on mental health concerns and therapeutic practice.

The study is guided by the following objectives:

- To assess perceptions of gender differences in mental health concerns
- To explore how gender is understood within therapeutic practice
- To examine the extent to which gender-sensitive perspectives are integrated into clinical work

II. LITERATURE REVIEW AND THEORETICAL PERSPECTIVES

2.1 Gender Differences in Mental Health

Research consistently demonstrates gendered patterns in the prevalence and expression of mental health concerns. Women are more likely to experience internalising disorders such as depression and anxiety, whereas men show higher rates of substance use, externalising behaviours, and suicide mortality (Nolen-Hoeksema, 2001; Seedat et al., 2009; Carretta et al., 2023). These differences cannot be explained solely through biological factors and are increasingly understood in relation to social and psychological processes.

Gendered coping styles play a significant role in shaping these patterns. Women are more likely to engage in ruminative coping, which has been associated with increased vulnerability to depression, while men are often socialised to suppress emotional distress (Nolen-Hoeksema, 2001). These dynamics are closely linked to broader gender norms that shape emotional expression and acceptable forms of vulnerability.

Help-seeking behaviour further reflects these gendered expectations. Women are generally more likely to seek psychological support, whereas men often delay or avoid help-seeking due to norms emphasising emotional control and self-reliance (Addis & Mahalik, 2003). As a result, psychological distress among men may be expressed through alternative behaviours such as substance use or aggression. Within the Indian context, these patterns are further shaped by socio-cultural factors and structural inequalities influencing access to care (Patel et al., 2018).

2.2 Social and Cultural Determinants

Contemporary perspectives on mental health increasingly emphasise the role of social and cultural determinants in shaping psychological experiences. Gender, in particular, operates as a socially constructed system that influences roles, expectations, and power relations (Butler, 1990). These norms regulate

emotional expression, interpersonal relationships, and access to resources, thereby shaping mental health outcomes.

The concept of emotional labour further illustrates how gendered expectations influence psychological well-being. Women are often socialised into roles requiring the management of interpersonal relationships and emotional environments, which can contribute to chronic stress and emotional strain (Hochschild, 1983). Such expectations are embedded within broader social systems that reinforce gendered divisions of labour and responsibility.

Intersectionality provides an additional framework for understanding how mental health experiences are shaped by overlapping social identities. Gender interacts with factors such as class, caste, and socio-economic status to produce varying levels of vulnerability and access to care (Crenshaw, 1989). These intersecting inequalities are particularly relevant in contexts such as India, where structural disparities significantly influence mental health outcomes.

Research on social determinants further highlights that mental health cannot be understood solely at the individual level but must be situated within broader social environments characterised by inequality, exclusion, and differential access to resources (Galea et al., 2011). These perspectives underscore the importance of examining gender as part of a wider network of social influences on psychological well-being.

2.3 Gender Diversity and Minority Stress

Research on gender diversity has expanded understandings of mental health by highlighting the experiences of individuals who exist outside traditional gender binaries. Minority stress theory provides a key framework for understanding elevated levels of psychological distress among sexual and gender minority populations (Meyer, 2003). According to this model, chronic exposure to stigma, discrimination, and social exclusion contributes to increased vulnerability to mental health concerns.

Empirical research supports these findings, demonstrating higher rates of depression, anxiety, substance use, and suicidal behaviour among LGBTQIA+ populations compared to cisgender and heterosexual individuals (Pachankis, 2018). These disparities are strongly linked to structural and interpersonal experiences of discrimination rather than inherent characteristics of minority identities.

Within the Indian context, gender-diverse individuals often face additional challenges related to family rejection, social invisibility, and limited access to affirming mental health care (Chakravarty et al., 2022). These factors highlight the importance of culturally informed and contextually grounded approaches to mental health practice.

2.4 Gender in Therapeutic Practice

The role of mental health professionals in shaping how gendered experiences are understood within therapy has been increasingly recognised. Therapeutic practice is not a neutral process but involves interpretation influenced by therapists' cultural assumptions and professional frameworks.

Research on microaggressions highlights how implicit biases may influence therapeutic interactions, often leading to the minimisation or misinterpretation of clients' experiences related to social identities (Sue et al., 2007). This underscores the importance of therapist self-awareness and critical reflection in clinical practice.

Frameworks of multicultural competence emphasise the need for therapists to develop awareness, knowledge, and skills for working with diverse populations, including sensitivity to social identities such as gender (Sue et al., 2001). These approaches encourage therapists to situate psychological distress within broader socio-cultural contexts rather than focusing solely on individual pathology.

Gender-affirmative approaches further extend this perspective by emphasising the importance of validating gender diversity and addressing the impact of social stigma and structural inequalities within therapeutic work (Singh & Dickey, 2017). Such approaches highlight the role of therapists in creating inclusive and supportive environments for gender-diverse individuals.

2.5 Research Gap

Existing literature has extensively documented gender differences in mental health outcomes and the influence of social determinants such as gender norms, emotional labour, and structural inequality. Research has also highlighted the psychological impact of stigma and discrimination on gender-diverse populations and emphasised the importance of culturally responsive therapeutic approaches.

However, relatively limited attention has been given to how mental health professionals themselves perceive and interpret gendered dimensions of mental health within clinical practice. Much of the existing research focuses on population-level patterns rather than examining the perspectives of therapists who engage directly with these experiences.

This gap is particularly significant in the Indian context, where mental health services are expanding but structured integration of gender-sensitive perspectives within training and practice remains uneven. Understanding how mental health professionals perceive the influence of gender is therefore essential for examining how gendered experiences are recognised and addressed within therapeutic settings.

III. METHODOLOGY

3.1 Research Design and Participants

The study employed a quantitative, descriptive, cross-sectional design to examine mental health professionals' perceptions of the influence of gender on mental health concerns and therapeutic practice. Data were collected at a single point in time using an online survey.

A total of 28 mental health professionals participated in the study, including psychologists, counsellors, and psychotherapists practicing in India. Participants were recruited through convenience sampling using professional networks and online platforms.

Inclusion and Exclusion Criteria

Participants included practicing mental health professionals with at least one year of clinical experience who were currently engaged in counselling or psychotherapeutic work. Psychiatrists, students or trainees without independent practice, and individuals not actively engaged in therapeutic work were excluded.

3.2 Operational Definitions

For the purpose of the study, key terms are defined as follows:

- **Gender:** A socio-cultural construct encompassing roles, behaviours, and expectations associated with individuals, including men, women, and gender-diverse identities.
- **Mental Health:** Psychological and emotional well-being, including experiences of distress such as anxiety, depression, and trauma-related concerns.
- **Mental Health Professionals:** Individuals trained in providing counselling or psychotherapy, including psychologists, counsellors, and psychotherapists.
- **Therapeutic Practice:** The process of engaging with clients to understand and address psychological concerns within counselling or psychotherapy settings.
- **Gender-Sensitive Practice:** The integration of awareness regarding gender norms, roles, and structural inequalities within therapeutic assessment and intervention.

3.3 Variables

The study is descriptive in nature and does not examine causal relationships. However, for conceptual clarity:

- **Primary variable:** Perceived influence of gender on mental health and therapeutic practice.
- **Outcome domains:**
 - Perceived gender differences in mental health concerns
 - Perceived influence of gender on therapeutic practice

Participant characteristics such as years of experience, professional qualification, and exposure to diverse clients are considered as contextual factors influencing responses.

3.4 Instrument

Data were collected using a structured questionnaire designed to assess perceptions of gender in relation to mental health and therapeutic practice. The questionnaire consisted of four sections:

1. **Demographic information**
2. **Gender and mental health concerns**
3. **Gender and help-seeking behaviour**
4. **Gender and therapeutic practice**

Items in Sections 2–4 were measured using a 5-point Likert scale ranging from *Strongly Disagree* to *Strongly Agree*. The questionnaire was designed to be concise and required approximately 5–7 minutes to complete.

3.5 Procedure and Data Analysis

The questionnaire was administered online, and the survey link was distributed through professional networks, email, and messaging platforms. Participation was voluntary, and informed consent was obtained prior to data collection.

Data were analysed using descriptive statistics, including frequencies and percentages, to identify patterns in responses.

3.6 Ethical Considerations

The study adhered to standard ethical guidelines for research involving human participants. Participation was voluntary, and respondents were informed about the purpose of the study prior to providing consent. No personally identifiable information was collected, ensuring anonymity and confidentiality. Data were used solely for academic purposes.

IV. RESULTS

4.1 Participant Characteristics

The sample consisted of 28 mental health professionals, the majority of whom identified as female (78.6%), with 21.4% identifying as male. No participants identified as non-binary or transgender.

Most participants were psychotherapists (57.1%), followed by psychologists (17.9%) and counsellors (10.7%), with a smaller proportion identifying under other categories (14.3%). In terms of practice setting, half of the participants were engaged in private practice (50.0%), while 35.7% worked in hospital or clinical settings.

Participants represented a range of experience levels, with the largest group (39.3%) having 1–3 years of clinical experience. A majority (71.4%) reported having worked with clients across different gender identities.

4.2 Gender and Mental Health Concerns

Participants demonstrated strong agreement that gender influences psychological distress and coping. When responses were combined, **75%** of participants agreed that gender shapes the experience of psychological distress, while **78.6%** indicated agreement regarding its role in coping styles and emotional regulation.

High levels of agreement were also observed regarding gender-diverse individuals, with **82.1%** of participants indicating that transgender and non-binary individuals experience higher levels of psychological distress. A majority of participants further reported gendered patterns in emotional expression and trauma, with **60.7%** agreeing that men are less likely to express emotional distress and that trauma-related concerns are more commonly reported among women.

However, perceptions regarding anxiety among women were more varied, with responses distributed across agreement, disagreement, and neutrality, suggesting comparatively less consensus on this aspect.

4.3 Gender and Help-Seeking Behaviour

Participants widely recognised the role of social and cultural factors in shaping help-seeking behaviour. A majority (**60.8%**) agreed that men are less likely to seek psychological help due to social expectations, although a notable proportion (**28.6%**) remained neutral.

A strong consensus emerged regarding the influence of cultural and family expectations, with **89.3%** of participants indicating agreement. Similarly, **75%** of participants agreed that gender-diverse individuals face challenges in accessing mental health support. High levels of agreement were also observed for the role of social stigma, with **82.2%** indicating that stigma affects help-seeking differently across genders.

4.4 Gender and Therapeutic Practice

Findings indicate that participants recognise the relevance of gender within therapeutic practice, though the extent of its integration varies. Just over half of the respondents (**53.6%**) reported that gender influences how they conceptualise clients' mental health concerns, and an equal proportion (**53.6%**) indicated that they consider gender as an important factor during assessment.

A stronger pattern was observed in relation to therapeutic adaptation, with **75%** of participants reporting that they modify their approach when working with clients across different gender identities. There was also near-unanimous agreement (**92.8%**) that gender-sensitive approaches improve therapeutic outcomes.

However, responses related to training and challenges were more mixed. While **53.6%** of participants felt that their training had adequately prepared them to address gender-related issues, a substantial proportion reported neutrality or disagreement. Similarly, responses regarding challenges in practice were distributed, with **39.3%** indicating neutrality, suggesting variability in confidence and experience.

4.5 Discussion

The present study examined how mental health professionals in India perceive the influence of gender on mental health concerns and therapeutic practice. The findings indicate a broad recognition that gender shapes psychological experiences, while also revealing variability in how consistently this awareness is integrated into clinical work.

Participants demonstrated strong agreement that gender influences the experience and expression of psychological distress, including emotional regulation and coping patterns. These findings align with existing literature highlighting gendered differences in mental health outcomes and emotional expression (Addis & Mahalik, 2003; Patel et al., 2018). In particular, the recognition that men are less likely to express distress reflects established research on masculinity and emotional suppression.

A notable finding of the study is the strong consensus regarding the mental health challenges faced by gender-diverse individuals. Participants widely acknowledged higher levels of distress among transgender and non-binary populations, consistent with Minority Stress Theory, which emphasises the psychological impact of stigma, discrimination, and social exclusion (Meyer, 2003). This suggests that awareness of gender diversity is present among mental health professionals.

Findings related to help-seeking behaviour further highlight the influence of social and cultural norms. Participants largely agreed that men are less likely to seek psychological support due to societal expectations, and that stigma, family structures, and cultural contexts significantly shape access to care. These observations reinforce existing research on gendered barriers to help-seeking (Addis & Mahalik, 2003).

Within therapeutic practice, the findings suggest a distinction between awareness and application. While participants recognised the importance of gender and reported adapting their approaches in certain contexts, responses related to assessment, training, and challenges indicated variability. This suggests that gender is acknowledged conceptually but may not be consistently integrated into structured therapeutic processes.

The variability observed in responses related to professional training is particularly significant. A substantial proportion of participants expressed neutrality or uncertainty regarding their preparedness to address gender-related concerns, indicating potential gaps in formal training. This finding aligns with literature on multicultural counselling competence, which emphasises the need for greater engagement with social identities and structural factors within therapeutic education (Sue et al., 2001).

Overall, the findings point to a gap between awareness and systematic integration. Mental health professionals appear to recognise gender as an important factor in psychological experience, yet this recognition does not always translate into consistent or confident application within therapeutic practice. Addressing this gap may require more structured incorporation of gender-sensitive frameworks within training and professional development.

V. CONCLUSION, LIMITATIONS AND IMPLICATIONS

5.1 Conclusion

The findings of the study indicate that mental health professionals in India recognise gender as a significant factor influencing both mental health concerns and therapeutic practice. Participants demonstrated awareness of gendered differences in emotional expression, coping styles, and psychological vulnerability, particularly in relation to gender-diverse individuals.

At the level of therapeutic practice, many participants reported considering gender during assessment and adapting their approaches when working with clients across different gender identities. There was also strong agreement regarding the value of gender-sensitive approaches in improving therapeutic outcomes.

However, the findings highlight a gap between recognition and consistent integration. While gender is widely acknowledged as relevant, responses related to training and challenges suggest variability in

preparedness and confidence. This indicates that gender-sensitive practice may not be systematically embedded within therapeutic training or clinical frameworks.

The findings support both proposed hypotheses, indicating that mental health professionals perceive gender differences in mental health concerns and recognise the influence of gender within therapeutic practice. Overall, the study suggests that while awareness of gendered dimensions of mental health is present, its consistent application within clinical work remains uneven.

5.2 Limitations of the Study

The study has several limitations that should be considered when interpreting the findings. The sample size was relatively small and predominantly female, which may limit generalisability. Participants were recruited through accessible networks and were likely concentrated in urban contexts, which may not reflect the diversity of clinical practice settings.

Additionally, the use of a structured questionnaire and self-reported responses limited the depth of insight and may be influenced by individual interpretation. The cross-sectional design further restricts the ability to examine changes in perceptions over time.

5.3 Implications and Recommendations

The findings have important implications for both therapeutic practice and professional training.

At the level of practice, the study highlights the need for more consistent integration of gender-sensitive perspectives within therapeutic work. While awareness of gendered influences is evident, translating this awareness into structured clinical engagement remains variable. Greater emphasis on recognising gender as a dynamic and contextually embedded factor may support more nuanced therapeutic understanding.

The findings also underscore the importance of addressing the mental health needs of gender-diverse individuals. Given the strong recognition of elevated psychological distress within these populations, there is a need for therapeutic environments that are both inclusive and informed by an understanding of social and structural challenges.

In relation to training, the variability observed in responses suggests a need for more systematic inclusion of gender-sensitive and culturally informed frameworks within psychotherapy education. Training programs may benefit from explicitly engaging with the intersection of gender and broader social determinants of mental health. Continued professional development through supervision, workshops, and reflective practice may further support therapists in integrating these perspectives into their work.

Future research may extend these findings by exploring therapists' experiences in greater depth, particularly how gender is engaged within therapeutic processes and how training interventions can strengthen gender-sensitive practice.

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